THE MEDICAL EXAMINER,

And Record of Medical Science.

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STATISTICAL REPORT OF ONE HUNDRED AND SEVEN CASES OF LABOUR, OCCURRING IN THE LYING-IN DEPARTMENT OF THE PHILADELPHIA HOSPITAL (BLOCKLEY.)

By George H. Beaumont, M. D.,

Late Resident Physician.

NAME.	Colour.	Age.	Presentation of head.	Presentation of breech.	Hemorrh. before deliv.	Hemorrh. after deliv.	Retained placenta.	Convulsions.	Forceps.	Craniotomy.	Died.	Recovered.	REMARKS.
Jane Wittington,	B.	24	2 v.	0	0	0	0	0	0	0	0	1	
Sarah Warmingham,	W.	26	1 "	0	0	0	0	0	0	0	0	1	
Elizabeth Pancost,	B.	19	1 "	0	0	0	0	0	0	0	0	1	
Teresa Austin,	W.	24	1 "	0	0	0	0	0	0	0	0	1	
Hannah Yocum,	W.	20	1 "	0	0	0	0	0	0	0	0	1	
Julia Allen,	B.	24	1 "	0	0	0	0	0	0	0	0	1	
Bridget Smith,	W.	30	1 "	0	0	0	0	0	0	0	0	1	
Margaret Price,	W.	30	1 "	0	0	0	0	0	0	0	0	1	
Mary Hannan,	W.	26	1 "	0	0	0	0	0	0	0	0	1	
Julia Ann Hoffman,	W.	29	1 "	0	0	0	0	0	0	0	0	1	
Catharine Wagner,	W.	29	2 "	0	0	0	0	0	0	0	0	1	
Frances Moor,	B.	21	1 "	0	0	0	0	0	0	0	0	1	
Ann Elizabeth Fricke,	W.	19	1 "	0	0	0	0	0	0	0	0	1	
Sarah Gilbert,	W.	25	1 "	0	0	0	0	0	0	0	0	1	
Rachael Moor,	B.	18	1 "	0	0	0	0	0	0	0	0	1	
Mary Jane Janvier,	W.	20	1 "	0	0	0	0	0	0	0	0	1	
Maria Forte,	W.	22	1 "	0	0	0	0	1	0	0	0	1	
Mary Whales,	W.	22	1 "	0	0	0	0	0	0	0	0	1	
Catharine McArty,	W.	27	1 "	0	0	0	0	0	0	0	0	1	
Louisa Fricke,	W.	22	1 "	0	0	0	0	0	0	0	0	1	
Mary Smith,	B.	22	1 "	0	0	0	0	0	0	0	0	1	
Susannah Martin,	W.	28	1 "	0	0	0	0	0	0	0	0	1	
Sarah Brett,	W.	33	1 "	0	0	0	0	0	0	0	0	1	
Elizabeth Bagwell,	B.	25	1 "	0	0	0	0	0	0	0	0	1	
Abigail Edwards,	W.	15	1 "	0	0	0	0	0	0	0	0	1	
Phoebe Reeves,	W.	32	1 "	0	0	0	0	0	0	0	0	1	
Elizabeth Ball,	W.	20	1 "	0	0	0	0	0	0	0	0	1	
Ann Sweeny,	W.	25	1 "	0	0	0	0	0	0	0	0	1	
Emma Smith,	B.	18	1 "	0	0	0	0	0	0	0	0	1	
Ann Jones,	B.	23	1 "	0	0	0	0	0	0	0	0	1	
Nancy Myers,	W.	31	1 "	0	0	0	0	0	0	0	0	1	
Susan Brannan,	W.	23	1 "	0	0	0	0	0	0	0	0	1	
Hannah McGui,	B.	38	1 "	0	0	0	0	0	0	0	0	1	
Ellen Young,	W.	30	1 "	0	0	0	0	0	0	0	0	1	
Emma Garwood,	W.	22	1 "	0	0	0	0	0	0	0	0	1	
Ann Essler,	W.	25	1 "	0	0	0	0	0	0	0	0	1	
Nancy Underwood,	B.	22	3 "	0	0	0	0	0	0	0	0	1	
Elizabeth Smith,	B.	23	1 "	0	0	0	0	0	0	0	0	1	
Emma Cook,	B.	25	1 "	0	0	0	0	0	0	0	0	1	
Hannah Porter,	W.	18	1 "	1	0	0	0	0	0	0	0	1	
Ann Kane,	W.	35	1 "	0	0	0	0	0	0	0	0	1	
Catharine Brown,	W.	25	1 "	0	0	0	0	0	0	0	0	1	
Mary Hughs,	W.	19	1 "	0	0	0	0	0	0	0	0	1	
Margaret Ludlow,	W.	22	1 "	0	0	0	0	0	0	0	0	1	
Mary Wilson,	W.	36	1 "	0	0	0	0	0	0	0	0	1	
Mary McArty,	W.	21	1 "	0	0	0	0	0	0	0	0	1	
Matilda Davis,	W.	18	1 "	0	0	0	0	0	0	0	0	1	

NAME.	Colour.	Age.	Presentation of head.		Presentation of breech.	Hemorrh. before deliv.	Hemorrh. after deliv.	Retained placenta.	Convulsions.	Forceps.	Craniotomy.	Died.	Recovered.	REMARKS.
Hannah Groves, -	W.	28	2	vert.	0	0	0	0	0	0	0	0	1	
Margaret Gray, -	W.	20	1	"	0	0	0	0	0	0	0	0	1	
Mary Foley, -	W.	24	1	"	0	0	0	0	0	0	0	0	1	
Hannah Friel, -	W.	23	1	"	0	0	0	0	0	0	0	0	1	
Margaret McNulty,	W.	31	1	"	0	0	0	0	0	1	0	0	1	
Mary Jane Holts, -	W.	18	1	"	0	0	0	0	0	0	0	0	1	
Mary Kale, -	W.	33	2	"	0	0	0	0	0	0	0	1	0	4 days after of puerp. peritonitis
Mary Winterbottom,	W.	38	1	"	0	0	0	0	0	0	0	0	1	
Alice Mumford, -	W.	30	1	"	0	0	0	0	0	0	0	1	0	11 days after of typhus.
Catharine Hill, -	W.	36	1	"	0	0	0	0	0	0	0	0	1	Twins.
Barbara Bryant, -	W.	18	3	"	0	0	0	0	0	0	0	0	1	
Hannah Bumm, -	W.	20	1	"	0	0	0	0	0	0	0	1	0	7 days after of puerp. peritonitis
Elizabeth Parker, -	W.	24	1	"	0	0	0	0	0	0	0	0	1	
Charlotte Higs, -	W.	28	1	"	0	0	0	0	0	0	0	1	0	5 days after of puerp. peritonitis
Ellen Johnson, -	W.	23	1	"	0	0	0	0	0	0	0	0	1	
Matilda Kane, -	W.	24	1	"	0	0	0	0	0	0	0	0	1	
Mary Ann Nixon,	W.	28	1	"	0	0	0	0	0	0	0	0	1	
Catharine A. Scott,	W.	21	1	"	0	0	0	0	0	0	0	0	1	
Catharine Young, -	W.	36	1	"	0	0	0	0	0	0	0	0	1	
Sarah Hildebrand,	W.	20	1	"	0	0	0	0	0	0	0	1	0	6 days after of puerp. peritonitis
Susan Williams, -	W.	26	1	"	0	0	0	0	0	0	0	0	1	
Mary Donnaldson,	W.	21	1	"	0	0	0	0	0	0	0	1	0	6 days after of puerp. peritonitis
Mary Ann Thompson,	W.	28	1	"	0	0	0	0	0	0	0	0	1	
Ann Russel, -	W.	22	1	"	0	0	0	0	0	0	0	0	1	
Mary McArty, -	W.	00	1	"	0	0	0	0	0	0	0	1	0	5 days after of puerp. peritonitis
Elizabeth Martin, -	W.	25	1	"	0	0	0	0	0	0	0	0	1	
Sarah Dockerty, -	W.	20	2	"	0	0	0	0	0	0	0	0	1	
Ellen Mina Hall, -	W.	00	1	"	0	0	0	0	0	0	0	0	1	
Martha Jane Parker.	W.	23	1	"	0	0	0	0	0	0	0	0	1	
Elizabeth Scott, -	W.	20	2	"	0	0	0	0	0	0	0	0	1	
Ann Stewart, -	W.	30	1	"	0	0	0	0	0	0	0	0	1	
Mary Pride, -	W.	19	0	"	4	0	0	0	0	0	0	0	1	
Matilda Knox, -	W.	22	1	"	0	0	0	0	0	0	0	0	1	
Matilda Robinson,	W.	26	1	"	0	1	0	0	0	0	0	0	1	
Louisa Scott, -	W.	28	1	"	0	1	0	0	0	0	0	0	1	
Elizabeth McAffee,	W.	24	4	"	0	0	0	0	0	0	0	0	1	
Elizabeth Burge, -	W.	18	1	"	0	0	0	0	0	0	0	0	1	
Elizabeth Crowley,	W.	30	1	"	0	0	0	0	0	0	0	0	1	
Lucy Pingston, -	B.	21	1	"	0	0	0	0	0	0	0	0	1	
C. Randolph Wilson,	B.	22	1	"	0	0	0	0	0	0	0	0	1	
Beulah Dietz, -	W.	22	1	"	0	0	0	0	0	0	0	0	1	
Ann Tierney, -	W.	23	1	"	0	0	0	0	0	0	0	0	1	
Mary Wright, -	W.	20	1	"	0	0	0	0	0	0	0	0	1	
Elizabeth Griffith,	W.	23	1	"	0	0	0	0	0	0	0	0	1	
Ann Deverney, -	W.	25	2	"	0	0	0	0	0	0	0	0	1	
Sarah Peters, -	B.	33	1	"	0	0	0	0	0	0	0	0	1	
Susan Koons, -	W.	24	1	"	0	0	0	0	0	0	0	0	1	
Sarah Sharpe, -	W.	22	1	"	0	0	0	1	0	0	0	0	1	
Caroline Clarke, -	W.	20	1	"	0	0	0	0	0	0	0	0	1	
Maria Jones, -	B.	20	1	"	0	0	0	0	1	0	0	0	1	
Margaret Richardson,	W.	18	1	"	0	0	0	0	0	0	0	0	1	
Sarah ———, -	W.	22	1	"	0	0	0	0	0	0	0	0	1	
Jane Wood, -	B.	24	1	"	0	0	0	0	0	0	0	0	1	
Ellen Crawson, -	W.	22	4	of fa.	0	0	0	0	0	0	0	0	1	
Emma Jackson, -	W.	22	2	vert.	0	0	0	0	0	1	0	0	1	
Elizabeth Jones, -	W.	17	1	"	0	0	0	0	0	0	0	0	1	
Elizabeth Moore, -	W.	18	0	"	1 of ft.	0	0	0	0	Vectis used.	0	0	1	
Margaret Watson,	W.	24	1	"	2 of br.	0	0	0	0	0	0	0	1	
Margaret Richardson,	W.	21	1	"	"	0	0	0	0	0	0	0	1	
Julia Ferguson, -	W.	29	1	"	"	0	0	0	0	0	0	0	1	
	107		103		4	2	1	1	2	2	0	7	100	

SINGULAR NEUROSIS.

[The following is the detail of a singular affection referable to the reflex nervous system, which was written by the patient himself, an intelligent physician of Indiana, on consulting Professor Dunglison, who has favoured us with the statement, in regard to the history and management of the case.—ED.]

The singular affection under which I have laboured for about eighteen years, commenced as follows: Having passed a day (I think it was in the month of June) without eating until near night, and being quite hungry, I ate *very freely* of fried ham, with eggs, butter, &c. I soon found that my stomach was oppressed, and feeling stupid, I threw myself on a bed, and in a short time was in a dose, from which I was suddenly awakened by a shock resembling very much that produced by electricity, but of much greater force than is given by an ordinary electric machine. If a horse-pistol had been fired off in my stomach, the jar, or concussion, could not have be n greater; and at the moment of the shock it seemed as if flashes of fire passed from my eyes, and the sound of a clap of thunder rang through my ears. I ought here to remark, that previous to this attack, I had long suffered with debility of my stomach, connected with sour eructations, constipated bowels, &c., indicating the approach of dyspepsy, a disease which had been almost hereditary in my mother's family. From the period of the first attack of my disease, to the present time, I have not passed any three nights together without having from 5 to 20 shocks, before I can get to sleep. It is only when in the act, so to speak, of falling asleep, that I have these shocks; and just at the moment when I cease to be conscious, something like a flash of lightning passes, it seems to me, from the diaphragm, through my stomach and up the œsophagus, and discharges itself through my mouth. The commencement, and termination of the shock are inseparable; and resemble in that particular a flash of lightning. Sometimes, instead of the shock passing out at my mouth, it sprangles over my face, following the course of the nerves, and imparts a sensation as if I were stricken with a dozen whip lashes on the face at the same instant; but the pain produced is gone with the shock. Not being conscious at the moment of attack, it is impossible for me to describe accurately my sensations; but I am inclined to believe there is in every instance a spasmodic action of the diaphragm similar to what takes place in singultus, and often a spasmodic action of the muscles of my face is produced by the shock, but this spasm is only for a moment, and not accompanied with any pain whatever. The flashing of fire, or rather pencils of light, from my eyes, and the thunder-crash in my ears, have disappeared; and I now suffer much less from this singular disease than I did formerly. On some rare occasions, the direction of the shock is changed, and passes from my stomach to one or other of my feet, but rarely to my arms. When in bed, the accidental touch of any part of my spine by a bedfellow, produces when I am dozing an immediate shock or spasm. My general health is moderately good, and my appetite unfailing. Distension of my stomach, either from food or drink, always increases the force and frequency of the spasms or shocks. So far as I have made a trial of remedies, I have found no relief from any, except tonics, and blisters on my spine; these for a short time have afforded me relief.

CLINICAL LECTURES AND REPORTS.

JEFFERSON MEDICAL COLLEGE.

December 13, 1843.

CLINIC OF PROFESSOR MÜTTER.

(Reported by H. T. Child.)

Continued from last number.

CASE II.—TUMOUR OF THE TONGUE.

This patient, a female aged about 50 years, has perceived for the last six or eight weeks a gradual increase in the size of her tongue, particularly about the central and left half of the organ. The surface of the tumour is livid, with here and there an ulcerated spot, while its base is circumscribed. There is considerable lancinating pain in the affected part, and both speech and deglutition are materially interfered with. The general health of the patient is unimpaired; the glands in the neighbourhood are not enlarged; on the affected side there are several decayed teeth. There is nothing like cancer in the family of the patient, nor can she attribute the swelling to any manifest cause.

Remarks.—This case has rather a dangerous aspect, and would be pronounced, on a hasty examination, *cancer of the tongue*—but cancer generally begins in a different way, (either as a small and hard tubercle, a fungous growth, a figure, or an ulcer with a hardened base,) and is characterized by great pain, a florid color, enlargement of the neighboring lymphatic glands, and more or less disturbance of the general system.

I am therefore disposed to look upon this tumour as nothing more than the result of chronic inflammation of the tongue, characterized by a rather unusual deposite of coagulated lymph, and occasioned in all probability by the irritation of the carious teeth; we shall direct the removal of these teeth, and order her to take five grains of the Iodide of Potassium, three times a day—and also to bathe the parts with a solution of Potass. Iodid. ℥ij.

Aqua destill. ℥iv. M. several times a day. Her bowels to be kept relaxed, and in order to promote absorption. A strictly vegetable diet was enjoined.

CASE III.—GELATINOUS POLYPUS OF THE NOSE.

The peculiarities of nasal polypus have been so often detailed, that I will not take up your time this morning with any additional remarks in relation to it.

This case is a well marked one; and I shall use in the removal of the tumour, the common polypus forceps. The tumour was then removed, the nostril sponged out, and the patient ordered to use several times a day, the following snuff:

℞. Cupri. Sulph. ℈j.
Pulv. Sanguinariæ Canad. ℈viij.

CASE IV.—ANEURISM BY ANASTOMOSIS.

This child, aged 4 months, presents the singular marks over each eye, which you perceive, and which have existed since birth. Their color is of the brightest red, but may be made to disappear to a certain extent by compression. Their is no pulsation, pain, or inconvenience at this time in or about these tumours, but they are *rapidly increasing* in size, and on this account it is proper to attempt their removal.

Remarks.—These tumours belong to the class of affections included under the denomination, *nævus maternus*, or *mother's mark*, and which are attributed by the ignorant to impressions made upon the mo-

ther's mind, and transmitted by her to the infant. But as this term includes other and very dissimilar affections, surgeons have distinguished the affection under consideration by various appellations, derived from the structure of the tumour itself. Thus it is called *erectile tumour*, *congenital varicose tumour*, *aneurism by anastomosis*, *hematonus*, *telangiectasis*, *arteriectasis*, *aneurisma verum cylindroideum*, *tissue splenoide*, *&c. &c.* The tumor is composed of a tissue of arterial and venous capillary vessels, held together by cellular substance, and may be developed in every organ and tissue of the body, varying in *size*, *shape*, *colour*, *consistence* and *depth*, is *elastic* to the touch, and often *pulsates*, or yields a *thrilling sensation*, in consequence of each tumour being supplied (usually) by an artery of some size.

If the tumour is seated on or in an important organ of large size or grows rapidly, it is often a troublesome affection, and inasmuch as it may, even when small, soon become serious from enlargement, it is best to resort to some operation for its relief, as soon as the child is old enough to bear it. The danger to be apprehended from its neglect, is ulceration, and the consequent hemorrhage which has proved fatal in some cases. Various methods of treatment have been introduced into practice; I will barely mention them, and then show you the operation which I generally prefer,—that in which the tumour is transfixed by one or two needles passed through its base, and then strangulated by a strong ligature.

The various operations are

1st. Compression. 2d. Ligature of the main arterial trunk. 3d. Encircling the tumour by incisions. 4th. The seton. 5th. Breaking up of the cells. 6th. Puncture, followed by the caustic probe—that is a silver probe dipped in strong nitric acid, thus forming an impure nitrate of silver. 7th. Puncture and injection of some stimulating fluid. 8th. Vaccination. 9th. Caustic potash. 10th. Nitric acid. 11th. Tartarized antimony et potassa. 12th. The actual cautery. 13th. Incisions under the skin. 14th. Acupuncture. 15th. Darning. 16th. Ligature of the whole mass. 17th. Excision. 18th. Tattooing.

PHILADELPHIA HOSPITAL.

CLINIC OF THE JEFFERSON MEDICAL COLLEGE.

Jannary 27th, 1844.

BY PROFESSOR DUNGLIGSON.

(Reported by Dr. C. J. Clarke, of Alabama.)

CARDIAC DISEASE.

Dr. Dunglison commenced his lecture by a few remarks in reference to the case of cardiac disease brought before the class at his last clinical lecture, which presented such difficulties in diagnosis. He exhibited a drawing illustrating the post mortem appearances of a case that had occurred in the wards about a year ago, and that presented somewhat analogous symptoms: a large aneurism had formed at the arch of the aorta, and anterior to it an extensive abscess which had penetrated the walls of the thorax; and had obscured the diagnosis.

The patient whom he presented at the last lecture, remains in much the same condition, excepting that the external tumour is gradually increasing in size.

CHRONIC GASTRITIS.

The Professor said he would bring another case before the class, which also presented difficulties in diagnosis, but of a different character from the former.

A labourer, 38 years of age, whose habits have been temperate for the last 11 years, about a year ago, for the first time, felt uneasiness in the region of the stomach, accompanied by sharp lancinating pain, acidity, sense of weight in the stomach, tumefaction of the epigastric region after eating, and occasional vomiting of a thick mucus, tinged with a fluid of a dark pitchy color; appetite unimpaired, bowels inordinately constipated, cathartics having but a temporary effect.

He was in the Pennsylvania Hospital last July, where he was treated by revellents and mild laxatives, under which he greatly improved, and at the end of a few weeks was discharged. In November last, the uneasiness in the region of the stomach, with the accompanying symptoms again returned, but he had no medical aid until he entered the Hospital. During the month (November,) he had two attacks of vomiting, of an acid, bitter, reddish mucus. He entered the Hospital on the 29th of December, complaining of these gastric phenomena, with pain in the back between the scapulæ, which he suffers from only when he has acidity of stomach. He was cupped and had blisters applied over the epigastrium, and was put upon laxatives and tonics, as infusion of gentian and rhubarb, with bicarbonate of soda, as an antacid, which greatly relieved him.

Within the previous four days he had had three attacks of vomiting, preceded by a sense of fulness in the stomach, &c.; the vomiting not being spontaneous, however, but excited by introducing his finger into the throat. He has no fever, and sleeps well at night. No solid tumour can be discovered in the region of the stomach.

The Professor has examined him on different occasions, and cannot find that any solid viscus is indurated. If there were any infarction or induration of the neighboring solid viscera it might give rise to hyperæmia of the gastric mucous membrane, and to transudation of blood. Is this a case of ordinary chronic gastritis? Is there what the French call a *vice?* Is there, in other words, a cancerous cachexy? The patient does not exhibit any characteristics of the cancerous diathesis, though his color is far from that of health. He does not vomit immediately upon eating, but after a sufficient time has elapsed for the food to be partly digested, and to be sent on towards the pylorus, which is probably the seat of the disease. This gastrorrhœa resembles, in some respects, that which occurs from the other mucous membranes—as the urethra, nasal passages, &c. As there is no marked evidence of a cancerous *vice*, it will be well to treat the disease by revellents to the epigastrium, and to administer antacids internally, keeping the bowels open, and properly regulating the diet. If we were satisfied that it was a case of cancerous cachexy, we should put him on eutrophics, or on agents that are calculated to modify the condition of the circulating fluid, and through it the nutrition of the whole system. The lecturer would be disposed to prescribe, for instance, iodine in association with conium—the former as a eutrophic; the latter to allay irritation.

[The lecturer here exhibited the matter vomited and some of it which had been diluted with water and exposed to a temperature above 167° of Fahrenheit; this showed the dark matters to be blood, the albumen of which had coagulated.]

This case certainly presents some difficulties in diagnosis. We can determine the seat, but not with certainty the precise nature of the disease. The Professor added, that he was desirous of placing before the class such cases as this and the former

that they might be prepared to meet them when they went into practice, especially as young physicians are apt to be disheartened, and to believe that difficulty in diagnosis may be referable to their want of sufficient experience, when it may be really owing to the intrinsic obscurity of the case.

ERYSIPELAS.

A woman was next presented having *erysipelas œdematosum* of the face. Erysipelas sometimes occurs endemically in the wards of the Hospital. It frequently attacks the face—*Erysipelas faciei*—and is a functional expression of a constitutional disease. Dr. Dunglison, on this account, rarely treats the *eruption* any more than he does the eruption of measles or scarlatina: his main attention is directed to the constitutional condition. Erysipelas has appeared epidemically in connexion with, and as an *expression* of fever, in different parts of our country, and has been called, in some places, "black tongue fever." The Professor believes that epidemic fever exhibits different expressions under different circumstances. Typhoid fever is a form of adynamic fever, which is often manifested on the mucous membrane of the intestines. In other instances, adynamic fever may be attended with an erysipelatous eruption, as in the black tongue fever, &c. The erysipelas that occurs in the wards of the Hospital may be regarded as a neuropathic inflammation, and does not, generally, bear depletion well. More frequently, the sulphate of quinia, in large doses, is given with advantage. In many of the cases it is well to deplete first, and then afterwards resort to the tonic course. One local agency, which the lecturer uses, is to cover the face with cotton, so as to exclude the air. In this respect he treats it in the same manner as he would a burn. It is the admission of the air in such cases that gives rise to so much irritation, and therefore, it should be excluded. Lime water and linseed oil, when applied to burns, exert a beneficial influence mainly by filling up the areolæ of the rag, thus preventing the access of air, and partly by keeping the surface moist. They can have no healing properties. On the same principle an old fellow student of the Professor's paints over the burnt surfaces after explosions of carburetted hydrogen, in the coal mines of Newcastle, England, with a compound of resin, turpentine, and wax, leaving the varnish on until the inflammation has passed away; and this plan has been attended with great success. The woman before the class, got well of the erysipelatous fever, but this peculiarity has been left—that if a blister be applied, which she has done occasionally for severe headache, it brings on a return of the erysipelas in a local form, and of the œdematous character. It appears to be, in her case, local, or *erythema*, to be owing to a predisposition left by the former attack. and requires local treatment only: indeed the fluid is readily taken up, and the erythema disappears in a few days, without the use of any remedies.

CONTRACTED CHEST FROM CHRONIC PLEURISY.

A man was next introduced. who had contraction of one side of his chest, caused by the absorption of the effusion from chronic pleurisy of the left side, and atrophy of the lung induced by the pressure of the fluid. The difference between the two sides was 1½ inches—one inch smaller than in health. Dr. Dunglison had suggested before, when commenting on his case, that it would probably go on to tuberculization. He also had remarked that, if the lung would remain stationary, it was the most favorable termination which could be expected. Since that time there has been a gradual return, but to a slight degree only, of the natural respiratory sounds.

This man, without taking any thing—for his condition suggested nothing—is then, by the recuperative powers of his system alone, regaining a little more use of the affected lung. The lecturer hoped that there are no tubercles forming. In such cases, care must be taken not to injure the powers of the system by drug treatment of any kind; for on those powers trust must be reposed for restoring the lung to the healthy condition, if this be practicable. During the inactivity of the diseased lung, the respiration will be carried on by its fellow. The Professor added, that mere contraction of chest, and absence of respiration in a lung, do not necessarily require treatment, and he referred to the fact, that when he was examining the chests of different persons in the wards not complaining of pulmonic symptoms, in order to deduce the average difference between the two sides of the chest in health, he was surprised to find, in one case, a difference of 1½ inch between the sides, with every physical sign of absence of respiration in the lung and the side, and yet the individual had no recollection of ever having suffered from disease of the chest. He had probably laboured under chronic pleurisy, which had terminated in atrophy of the lung—as favorable a termination, as before remarked, as under the circumstances might, perhaps, be expected.

ANOMALOUS SENSATIONS.

There had been an amputation of the thigh performed by Dr. Pancoast, before the class, immediately before Dr. Dunglison's clinic, to which he now adverted, for the purpose of making a remark or two in elucidation of the subject of sensation, on which he had been engaged during the week in Jefferson Medical College. He said the main pain attending cutting was caused by the division of the integuments, and had been described by Dr. James Johnson, who had repeatedly felt it, as being a sensation like that which would be produced by the pouring of melted lead on the parts.

A peculiar phenomenon following amputation is a sense of itching or pain in some part of the amputated limb—as the great toe or ankle—and which the class might have the opportunity of verifying by inquiring of the patient. The lecturer referred to this point, in order to comment upon the idea entertained by some physiologists, that in all cases in which we recall pictures to our mind of objects which we have seen in dreaming, for example, the action must commence in the brain and be conveyed back along the optic nerves to the retina, so as to impress the retina, from within, as the objects originally impressed it from without. He thought the phenomena in the case of amputated limbs did not favour this view, inasmuch as the sense of itching or pain was referred to a part of a limb which did not really exist, or which had been removed from the body.

SOFTENING OF THE BRAIN AND HEMIPLEGIA.

The attention of the class was again called to a case of *ramollissement* of the brain and hemiplegia, which had been exhibited to them before.

The Professor remarked, that when these cerebral hemorrhages had once occurred, there was great danger of another attack. Since that time, a second attack had been experienced, and a marked

increase of the paralysis. When, as in this case, there is a softening of the brain, the danger of subsequent hemorrhage is much greater; and the individual generally dies, sooner or later, from the disease. He concluded by remarking that he would make this case the subject of comment at the next lecture.

BIBLIOGRAPHICAL NOTICES.

Statistical Report of One Hundred and Ninety Cases of Insanity, admitted into the Retreat, near Leeds, (England,) during ten years, from 1830 *to* 1840. By Samuel Hare.

This is a highly interesting report, abounding in details, methodically arranged, on all the points relating to the the subject of insanity. Mr. Hare very properly remarks that "facts constitute the only basis on which the study of this, as of other diseases, can be founded;" and it is from statistical reports, carefully prepared like the present, that we must derive that useful knowledge. The report contains twenty-five *Tables*, interspersed with many judicious comments and explanations in reference to the bearing of the facts observed on the important objects of inquiry.

Fifth Annual Report of the Directors and Superintendent of the Ohio Lunatic Asylum, &c. Dec. 13, 1843.

William M. Awl, M. D., is the Superintendent, and the present report speaks well of his competency.

Beside fiscal matters, some accounts of individual cases, and other things of less interest, this report contains a very satisfactory statement, in tabular form, of the number of admissions, deaths, causes of insanity, &c. &c.

The following "recapitulation" exhibits the actual working of the Institution, as seen in the results of cases.

Whole number of patients admitted in five years,			473
	Males,	248	
	Females,	225	473
	Old cases,	259	
	Recent do. (*less duration than one year*)	214	473
	Paupers,	349	
	Pay patients,	124	473
	Single,	226	
	Married,	203	
	Widows,	33	
	Widowers,	11	473
Whole number discharged	Recovered,	203	
	Improved,	18	
	Incurable,	51	
	Idiotic,	2	
	Died,	51	325
Whole number of recent cases discharged,	Recovered	154	
	Incurable,	4	
	Died,	17	175
Whole number of old cases discharged,	Recovered,	49	
	Incurable,	67	
	Died,	34	150–325
Per cent. of recoveries on all cases admitted in 5 years,			42.91
Per cent. of recoveries on all cases discharged in 5 years,			62.46
Per cent. of recoveries on all recent cases discharged in 5 years,			88.00
Per cent. of recoveries on all old cases discharged in 5 years,			32.66
Per cent. of deaths on the whole number, (51 of 473)			10.70
Average per cent. of deaths in 5 years,			8.65

It is cheering to the heart of the philanthropist to observe the successful operation of these various enterprises for the relief of those laboring under that greatest of all deprivations—the loss of reason. In England and in different parts of the United States, the most laudable efforts are made for this purpose. Much, however, remains to be done. When we consider the hopeless and abandoned condition of these afflicted members of the human family, a few years since, in contrast with the comfortable provision which now obtains for such in many places, and the very large proportion who are daily restored to Society and their families, by judicious management, we can only marvel that any Christian community can be laggard in a matter of such magnitude. In and about Philadelphia, for the most part, the insane are properly cared for; but alas, for other parts of Pennsylvania,—for the *State!* A few years since, some of our spirited and benevolent citizens united in efforts to effect the establishment of a State Institution. A law was obtained for the purpose, but, unfortunately, *politics* and the unholy spirit of mammon were infused into it, and its friends were forced to abandon the project until purer patriotism and better counsels shall prevail.

Human Physiology, with upwards of three hundred illustrations. By Robley Dunglison, M.D., Professor of the Institutes of Medicine, etc., in Jefferson Medical College, Philadelphia; Attending Physician and Lecturer on Clinical Medicine at the Philadelphia Hospital; Secretary to the American Philosophical Society, etc. etc. Fifth Edition. *Greatly modified and improved.* In two volumes, Octavo. Philadelphia: Lea and Blanchard, 1844.

There are few authors in our profession whose productions have been so favourably received as those of Professor Dunglison. Scarcely a year passes without some new work, or new Edition of one already published, from the prolific pen of this accomplished writer. The secret of this great success, consists in the judicious selection and arrangement of his matter, his remarkable perspicuity of expression, and the care and industry displayed in posting up the latest facts and views of authoritative writers on the subjects of which he treats. This new Edition of "Human Physiology," exemplifies the correctness of these remarks. All the acknowledged facts recently discovered, tending to elucidate the principles of this important science, are brought up to the day. In doing so, he has necessarily been obliged to refer to the numerous works published on the subject, and to compare and comment upon the views of such distinguished men as Wagner, Gerber, Liebig, &c. This, however, is done with so much fairness to the authors and his readers, as to commend his remarks to the confidence of all candid minds.

"To this edition nearly ninety wood-cuts have been added, to elucidate either topics that had been already

treated of in the previous Edition, or such as are new in this; most of the old cuts have been re-touched; and many replaced by others that are superior." The work is well printed, and on good paper—the wood-cuts are much superior to those in former editions, and altogether, it is "well got up."

THE MEDICAL EXAMINER.

PHILADELPHIA, FEBRUARY 24, 1844.

A subscriber has sent us for insertion in the Examiner, a translation of some remarks on the evils resulting from the use of Pessaries, contained in the work on midwifery by Professor Moreau. We have not space for the paper at present, nor do we deem its publication necessary, inasmuch as the substance of it may be found in Churchhill and several other modern authors in the English language; and besides, it is not denied by any respectable physician of the present day, that much mischief may, and occasionally does, result from the employment of that instrument. The question, however, is not whether the *improper* use of the instrument may be productive of injury, but whether it may not be dispensed with altogether, at least in a great majority of the cases in which it is now employed by respectable practitioners. Nearly twenty years have elapsed since we have adopted the affirmative side of this question, and time and observation have only strengthened our conviction that the cases to which it is properly adapted are exceedingly rare.

Except when the prolapse of the uterus is so great that the organ falls without the sphincter vaginæ, or where there is recto or vesico-vaginal hernia, we can hardly conceive of a condition of the parts requiring the use of this mechanical means—a means most offensive to the moral feelings of the female, and at variance with cleanliness and personal comfort.

The following are the objections to the use of Pessaries, by Dr. Hamilton, long the distinguished Professor of midwifery, at Edinburgh. They are sufficiently intelligible "without note or comment."

"Firstly, They can only act as palliatives, whatever may be the degree of the disease.

"Secondly, They necessarily keep up a continued irritation in the passage, and of course excite a mucous discharge from the vagina.

"Thirdly, Unless properly adapted, they make injurious pressure on the contents of the pelvis.

"Fourthly, If not frequently taken out and cleansed, they become incrusted with a calcareous matter, which proves highly irritating.

"Fifthly, They subject the patient to the charge of a medical attendant for life.

"And lastly, Cases from time to time occur, where, from the laceration of the perineum, &c., no ordinary pessary can be retained."

MEDICAL CLASSES.

In a former number we expressed the opinion that the number of Students in attendance at the different Medical Colleges, was unusually large the present season. Since then we have received printed Catalogues from several of the Institutions, from which it would appear that we were not mistaken in our estimate.

That of the Uniyersity of Pennsylvania numbers	424
Jefferson Medical College . . .	341
Albany Medical College	108

From the other Colleges we have less precise information, but learn from various quarters that the Classes are large.

At the Louisville Medical Institution the number is stated to be	243
Lexington	212
Cincinnati	183
Geneva	150
Boston	150
College of Physians and Surgeons, New York, ...	182
Kemper College, St. Louis, ...	90

From the University College of New York, we have no information.

NEW TEST FOR STRYCHNINE.

BY EUGENE MARCHAND.

It often happens that the chemist, when called upon to decide a medico-legal question, experiences some difficulty in proving the presence or nature of certain poisonous substances, either because he cannot procure a sufficiency of the poison, or else the reagents serving to characterise them are too little sensitive, or do not offer that degree of precision as to allow you to pronounce with certainty in a capital case. Among the organic alkalies thus far known, we are all aware that strychnine is the most poisonous. Hence the discovery of a reaction which enables you to detect with certainty very minimum quantities, becomes a desideratum.

I believe I have attained this object by the following process, which is so sensible as to give a yet very appreciable reaction, even when you operate upon an imponderable quantity of sulphate of strychnine.

When you triturate a very small portion of strychnine with a few drops of *concentrated sulphuric acid containing a hundredth of its weight of nitric acid*, the strychnine disappears without giving rise to any perceptible phenomenon: but if you add to the mixture merely an atom of *peroxide of lead*, it immediately developes a magnificent blue color, which rapidly passes to violet, then gradually to red, and finishes lastly, after several hours, by turning to canary yellow. This reaction is characteristic of strychnine, as it has been impossible for me, up to the present time, to find a substance which acts in a like manner, under similar circumstances.

When you act upon infinitely small quantities of strychnine, it is preferable, in order to render the reaction more sensible to triturate, in a dry state, a few particles of peroxide of lead with the organic akali, then to let fall upon the mixture a single drop of the acid liquid. You will then distinctly perceive, in a manner not to leave any doubt upon the mind, the series of coloration I have above described, even when acting upon a portion of strychnine imponderable, but approximately estimated at one thousandth of a grain.—*Am. Journ. Pharm. from Jour. de Pharm. et Chim.*

RECORD OF MEDICAL SCIENCE.

Report on the Progress of Anatomy and Physiology, in the year 1842-3. By JAMES PAGET, Lecturer on General and Morbid Anatomy and Physiology, and Warden of the Collegiate Establishment, at St. Bartholomew's Hospital.

This is the title of a very able paper contained in the British and Foreign Medical Review, for January, 1844. Under the belief that we cannot present to our readers anything better or more interesting, we extract a portion of this document, and shall continue to quote from it in future numbers, as space may allow, until the whole is given. It furnishes astonishing evidence of the talent and industry employed at the present day in the improvement of the branches of medical science which it embraces.

"The rule followed in this Report is that those works alone are noticed which were published between the 1st day of October, 1842, and the last of September, 1843;" and only those new things are noticed which have, in the author's opinion, been proved or rendered probable in the period and in the department which the report embraces.

ED.

BLOOD.

Concerning the *general constitution* of the blood, MM. Andral and Gavarret, continuing with M. Delafond the observations already made on human blood, have examined that of many domestic animals, and have drawn these conclusions:—1. In the species examined, the principal constituents of the blood are the same, but the proportions of each vary. 2. The highest natural average quantity of fibrin is in the herbivora, the lowest in the carnivora; the energy of constitution has no constant influence on the increase of the proportion of fibrin. 3. Of the corpuscles the highest average proportions are found in the carnivora, the lowest in the herbivora; and in the same species there is always an increase proportionate to the energy of the constitution; and in sheep, to the improvement of the breed. 4. During the first day after birth the fibrin is in very small quantity; the corpuscles comparatively abundant. 5. During the last periods of gestation, both fibrin and corpuscles fall below the healthy proportion; after parturition they increase to more than that proportion. 6. The fibrin (in the domestic animals as well as in man) is always increased in the inflammatory state: the corpuscles are never directly influenced in it. 7. The water of the blood has its lowest average in the carnivora, its highest in the herbivora. 8. Dropsy does not supervene on alteration of the blood, unless from diminution of albumen; excess of water or decrease of corpuscles will not produce it.

Coagulation. Dr. Polli, from a long series of experiments on the influence of various gases on the coagulation of the blood, has shown how the discrepancy of previous experiments has depended on inattention to their details. All other conditions being the same, important differences as to time and mode of coagulation result from temporary exposure of the blood to the air, or from air remaining in the vessel, &c. Avoiding all these sources of fallacy, he found that coagulation takes place in pure oxygen or nitrogen, just as in the atmospheric air; but that the presence of carbonic acid always impedes coagulation. Carbonic acid is always given off in coagulation; and the greater the freedom with which it can be evolved, the more are the circumstances favorable to coagulation. The more carbonic acid the blood itself contains the slower is the coagulation, and the greater the chance of a buffy coat being formed; and a buffy coat being formed, without froth and over a dark clot, is always a sign of the blood being surcharged with carbonic acid.

Buffy coat. The exact mode of the formation of the buffy coat has been well illustrated by Mr. Wharton Jones, whose observations on the blood I can in nearly all points confirm. He ascribes it, as Nasse and others did, chiefly to the tendency of the blood-corpuscles to arrange themselves rapidly in rolls (like rolls of coins,) which form a wide-meshed net-work, (as seen in a single layer under the microscope,) or a kind of spongework when they are kept in mass. In the former case the liquor sanguinis coagulates within the meshes of the rows of the corpuscles, and hence the distinctly mottled aspect of the layer when coagulated as well as when first drawn; in the latter case the spongework formed by the rows of corpuscles contracts and squeezes out the liquor sanguinis, and permits the greater specific gravity of the corpuscles to come into play, so that they sink quickly, and the liquor sanguinis floats to the top and coagulates in a distinct layer. In both cases the pale corpuscles remain with the separated liquor sanguinis and are imbedded in its white coagulum.* The attraction for each other by which the corpuscles tend to unite in rolls, is so remarkably increased in the state of the blood in which a buffy coat is formed, that the early or instantaneous occurrence of this arrangement of them, as seen by the microscope in a single drop of blood, affords all the evidence which could be derived from the formation of a buffy coat on a large quantity.

Corpuscles. On the size of the blood-corpuscles, Mr. Gulliver has added to his former copious observations the measurements of those of many more species of mammalia and birds; and on their structure he has adduced, from a comparison of the effects of water, acetic, and muriatic acids, and other agents upon the blood-corpuscles of mammalia and birds, further evidence for the belief that those of the former do not contain nuclei; or, rather, that although their central may differ from their peripheral matter, the former does not stand in the relation of a nucleus to the latter, except in the blood-corpuscles of embryos. A chief point in the evidence is, that in the corpuscles of birds, small as they are, a nucleus may be demonstrated; and so plainly, that if such an one existed in the mammal's corpuscle, it could not escape notice when similarly searched for. Mr. Wharton Jones also denies the existence of the nucleus in these corpuscles: and shows that the particles which are supposed to be nuclei exposed by the action of acetic acid on the corpuscles of mammalia, are only portions of albumen coagulated by the acid, such as may be produced by adding acid to liquor sanguinis or serum. At the same time it is

* The tendency of the pale corpuscles to keep with the liquor sanguinis is also shown by Mr. Gulliver, in his observations that fibrin obtained by washing, even when transparent and quite colorless, contains these corpuscles in great numbers. (Lond. and Edinb. Phil. Mag., Aug. 1842.) I have found that films of liquor sanguinis which have coagulated on healthy blood drawn under oil, are composed entirely of pale corpuscles held together like the cells of a tesselated epithelium.

not to be supposed that the corpuscle is homogeneous throughout; the central substance is evidently different from the peripheral, and Mr. Jones' opinion seems very probable, that the appearance of a nucleus depends on the walls of the corpuscle being thick, consisting of two layers, the outer transparent, colourless, and resisting; the inner softer and less resisting. Between the two, or perhaps in the inner layer, the colouring matter is contained. The existence of a true nucleus in the corpuscles of the lower vertebrata is not by this rendered doubtful; and Mr. Addison has shown, in the use of *liquor potassæ*, a good method of demonstrating it in the corpuscles of the frog.

Many interesting observations have been made by both Mr. Wharton Jones and Dr. Carpenter, in support of the view that some of the corpuscles of the blood are a kind of "floating gland cells." The former believes that the office of the red corpuscles is to convert albumen into fibrin, elaborating it in their interior, and then, after the manner of gland cells, dissolving and discharging their contents. The latter thinks it more probable that this office of converting the chemical compound into the organizable principle, is discharged by the pale corpuscles, and that the red corpuscles are the chief carriers of oxygen and carbonic acid. The arguments of each may be found in the last October and January numbers of this Journal. Which ever view be most true, it may be received as highly probable, that the corpuscles in the blood are the agents by which, with the aid of the oxygen imbibed in the lungs, the liquid portion is brought into a state fit for the nutrition of the tissues, and that this is their chief purpose.

Mr. Macleod has described the development of the blood corpuscles in the chick, dividing it into three stages. At first there are no particles in the blood except minute dark spherical granules. These gradually enlarge and become clear in their centres; but when they have arrived at double of their original size, the central part of each becomes dull and then distinctly granular, while the border becomes defined, smooth and clear. This completes the first stage; after which, in the second, the central granules disappear as if they had merged into one central clear nucleus, from which the external portion slowly separates, not at one side only, but all round. In this stage the corpuscle remains circular; but it becomes flatter, both on its surfaces and its edges, and a concave furrow forms between its outer border and the border of the nucleus. At the same time also it acquires colour apparently by the accumulation of colouring matter in the space between the nucleus and capsule. In the third stage, the corpuscle assumes the oval shape; first, one side of both the cell and nucleus gradually stretching out, and then the other, so that every part of the corpuscle becomes narrower except the middle. Coincidently with these changes, the furrow around the nucleus disappears, and the sharp edges of the borders are smoothly rounded off.

Mr. Macleod believes that all those changes are effected by a power dwelling in the granules, each of which developes itself into a cell. He has never seen any congregation of granules to form a cell, nor any multiplication of granules within the once formed nucleus, nor any opening in the centre of the nucleus, nor any escape of corpuscles from it.

FIBRO-CELLULAR TISSUE.

Dr. Todd and Mr. Bowman have thrown doubt on the received opinion concerning the structure of the fibro-cellular tissue. They regard it not as consisting of bundles of parallel filaments of definite size and structure, but as a substance which has a tendency to split up almost *ad infinitum* in the longitudinal direction, and which has a filamentous appearance from streaks and creasings on its surface. [In small hard tendons, such as those of insects, this description may hold; they are compact and nearly homogeneous bands, with scarcely any appearance of a filamentous composition; but in the looser varieties of fibro-cellular tissue I cannot doubt the existence of bundles of distinct filaments.]

A few facts concerning the anatomy of tendons may be collected from the long discussions on tenotomy at the Parisian Academy of Medicine.

MUSCULAR TISSUE.

I have lately found a mode of attachment of the ultimate fibres of muscles to their tendons which has not yet, I think, been made known. It may be distinctly seen in the muscle torn out from the leg of a fly. Each of three tendons, which are planted in the proximal end of the last but one articulation of the leg, runs in a long straight and flat band up the interior of the next superior division of the limb, and receives on each of its edges the broad and somewhat rounded bases of the muscular fibres. These are arranged in a penniform manner, the base of each fibre on one side of the tendon corresponding to the halves of the bases of two adjacent fibres on the opposite side, like the leaflets of the pteris and some other ferns. The fibres are flat, and their extremities, instead of being ensheathed in the tendinous tissue, only adhere to the border of the tendon, and receive on their outer edges one or two finer tendinous filaments, as if for greater fixity.

Dr. Remak has found that portions of the diaphragm, the heart, and the muscular walls of the larger vessels of many animals of all classes, will continue spontaneously contracting for as many as forty-eight hours after death. He has also pointed out their several modes of contraction, (?) which he distinguishes as creeping, undulating, peristaltic, and serpentine or zig-zag.

Rigor Mortis. An ingenious paper has been published by Ernst Bruecker, to prove that the rigor mortis is due to the coagulation of the fibrin which is effused from the blood vessels in the liquor sanguinis for the nutrition of the tissues, (especially of the muscles,) but which at the time of death has not yet been assimilated. The paper is chiefly important for the numerous analogies which it points out between the coagulation and subsequent changes of the fibrin and the contraction of the muscles; analogies of which Mr. Hunter had already illustrated many, and some of the most important. But the explanation of the rigor mortis is rendered improbable by the observations of Mr. Bowman, which I can fully confirm, and which prove that the muscle is rigid because its fibres, or parts of them, are contracted, and contracted in the same manner as during life. And some examinations which I have made of the rigor mortis in the involuntary muscles, afford equally strong evidence of its being due in them also to the muscular contraction. I believe that *all involuntary muscles* pass into the continued and fixed contraction of the rigor mortis as soon as they cease to be irritable, and to contract during ordinary stimuli. This may be seen distinctly in many arteries, as well as in the digestive canal and urinary bladder; but the best examples are presented in the hearts of recently slain animals, or of men examined

soon after apparent death.* As soon as they cease to be irritable, the walls of all their cavities, previously flaccid, gradually become firm and hard, draw in towards the cavity of the heart, and reduce or completely close the cavities. The heart thus rigid has almost exactly the form and other external characters of the heart when actively contracted during life. It is evident that this form, produced as it is by a drawing up towards certain fixed points of attachment of the muscular fibres, could not be acquired by the mere coagulation of either blood or liquor sanguinis within the tissue of the heart; and the only difficulty in believing that the rigidity of the heart and other muscles is due to a contraction comparable with that which occurs during more active life, must be from the seeming improbability that any tissue should maintain a vital contraction so long after apparent death as during the continuance of the rigor mortis. This difficulty, however, which would in any circumstances be more apparent than real, is almost removed by the facts already quoted from Remak.

SIGN OF PREGNANCY.

The surest token of pregnancy, says Dr. d'Outrepont, is a *dark-bluish hue* of the vaginal mucous membrane (*zunächst gelegenen scheidepartie,*) a symptom which is the more valuable inasmuch as it is not evanescent or confined to one period, but continues from the period of conception to that of labour. Dr. d'Outrepont, has not only met with this appearance uniformly in the human subject, but in different animals which he examined in in every period of pregnancy, and which he destroyed to ascertain that no fallacy attended the suspicion of of gestation.—*Neue Zeitschr. fur Geburtsh.*, xiv., 3.

CASE OF ENCYSTED STONE.

By Robert Storrs, Esq., Doncaster.

Dec. 11, 1842. John Pearl, aged twenty-three, a pale, feeble, and emaciated young man, was admitted into the infirmary of the Doncaster union, about two months ago. He had been suffering from symptoms resembling those of stone from the time of his being eight years of age. He had, however, been apprenticed to a shoemaker, was married eighteen months since, and has now a child nearly six months old. About half a year ago he was a patient of the York County Hospital, when he was supposed to be laboring under disease of the bladder; from thence he was removed to this town, and after remaining in lodgings for some time was admitted into the union house with the following symptoms:—

Extreme pain in the region of the bladder, general uneasiness in the pelvis and hips, and an aching or itching pain at the glans penis. These pains are mitigated rather than increased by motion. The urine does not stop suddenly; it comes away in a tolerable stream, except when the pain is more than usually severe, and is then forced away involuntarily. The urine is copious but fœtid, and contains on standing a large portion of purulent matter. Has been sounded several times, but a stone cannot be detected, nor is there anything to be discovered unusual from an examination per anum. Both of these examinations, however, give him great pain. A great variety of treatment had been employed in the York Hospital, and he left there with his symptoms somewhat abated, but since he came under my care he has derived no benefit except from hot fomentations and strong opiates.

A few days after these symptoms were noted, a large discharge of blood took place with the urine, after which he gradually sunk and died.

Dec. 2. The day following I made a post-mortem examination of the body, and the following appearances were observed:—The body was more attenuated than I think I ever observed one to be, even in consumption, and the omentum quite void of fat. The bladder was divided into two portions by a septum; the upper, which contained the fundus, and the larger part of the right half of the bladder, formed a sac, in which a stone of the triple phosphate species was contained, about an ounce in weight, and of a cylindrical shape, but which did not nearly fill the whole of the containing sac. The entire of the mucous membrane of this portion, as well as of the lower division, which alone contained the urine was very much thickened; the whole bladder, indeed, was very much thicker than usual. The ureters were each as thick as a little finger, blueish in aspect, and containing, as well as the kidneys, which were also considerably enlarged, a large quantity of purulent matter. All the other organs, both of the chest and abdomen, were in a healthy state, except the descending colon, which was very much contracted for the space of three or four inches.—*Prov. Med. Jour.* Oct. 7, 1843.

M. GUEPIN ON PUNCTURES OF THE EYE.

M. D. an architect, brought his son to M. Guépin, in 1843. A minute fragment of iron had entered his eye, reaching from the cornea to the capsule of the crystalline lens, and almost touching the iris. It was impossible to grasp the fragment, and an incision would have been difficult, as it lay upon the upper edge of the pupil. M. Guepin accordingly devised the following remedy. He prescribed a collyrium made with distilled water and acetic acid, being persuaded that if the fragment became oxidized at its corneal extremity, the oxidation would spread over its whole surface, and that the dissolution and absorption of the fragment would follow. The event justified his supposition. At the end of three weeks, the cure was complete, with the exception of an almost imperceptible white point upon the capsule, and a very slight cicatrix on the cornea. In another case, the same collyrium was again used with success to carry off the oxide of iron left in the substance of the cornea by a fragment of iron which had remained in it a considerable time.—*Lond. Med. Gaz. from Ann. d'Oculistique.*

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* Hearts in the state of rigor mortis are those commonly described as affected by concentric hypertrophy. Dr. George Budd proved some years ago that this appearance of an increased thickness of the walls with diminution of the cavities could not be due to disease of the heart; (Medico-Chirurg. Trans., vol. xxi. p. 296;) and I may add to the evidence which he adduced, (and which ought to have been taken as decisive of the question,) that in every instance the hearts of healthy oxen become affected with an extreme degree of *concentric hypertrophy* within an hour after they are slaughtered. I have little doubt also that the hearts of all persons pass into a similar state within a few hours after apparent death; certainly a large majority of the hearts examined within the first ten hours have more or less the appearance of being contracted, and many retain the appearance for twenty-four or thirty-six hours. In the majority, relaxation and flaccidity return after the first day. But the rules as to time by which the rigor mortis is regulated in both the voluntary and the involuntary muscles have yet to be studied.

FACE-ACHE.

This common affection, so often supposed to be excited by a diseased tooth, although the latter fails to be detected—a rheumatic, chronic kind of pain, wholly different from that of tic-douloureux,—is often speedily curable by *muriate of ammonia*. This salt should be given in doses of half a drachm, dissolved in water, three or four times daily. About four doses will be sufficient to test the potency of the remedy. At other times the iodide of potassium, in five or six-grain doses, is quickly effective towards a cure. The efficiency of the latter remedy renders it probable that the affection is of the nature of periosteal inflammation.—*Dr. Watson's Lectures.*

NOTICE OF THE METHOD OF DETECTING ARSENIC BY MEANS OF COPPER, PROPOSED BY M. HUGO-REINSCH.

By Louis-Victor Adouard of Beziers.

In the number of the "*Journal de Chimie Medicale*" for January, 1843, M. Hugo-Reinsch proposes a new method for detecting arsenic, which he assures us rivals in sensibility the process of Marsh. To convince myself of this fact, the following experiments were undertaken.

Dr. Guy had employed with success at Beziers, Fowler's arsenical solution in certain eruptions. A smith, aged 30 years, by the advice of his physician, took this solution for several days, commencing with two drops morning and evening, and increasing to twelve.

I requested the smith to send me the urine which passed at night and morning, or after each dose of the arsenical solution. I received in a bottle 1200 grammes of urine, perfectly limpid, and slightly acid.

This I divided into two parts; one part was treated by Orfila's process—viz. incineration with nitrate of potassa. This afforded a solution, which gave by Marsh's process an arsenical ring in a glass tube, and spots of the same nature on porcelain; pure materials being used in the process.

On the other hand, the second part of the urine was treated as proposed by M. Reinsch. The liquid was placed in a porcelain capsule, and reduced by evaporation to one-third; on repose, a considerable deposit was formed. To this liquid 200 grammes of pure hydrochloric acid was added; the deposit was immediately dissolved, and the liquid became of a deep brownish red color. Heating the liquid to ebullition, two plates of copper, perfectly clean, were placed in it, and retained for ten minutes. This being without effect, boiling was continued for half an hour, but with a similar result. The plates withdrawn from solution, washed and dried as directed by M. Reinsch, were not covered with a coating of an *iron gray* color; they were brownish, from a coating of brown oxide. One of the plates introduced into a glass tube, and heated, did not yield the least trace of arsenious acid.

These experiments appear to demonstrate, in opposition to the assertions of M. Reinsch, that this method does not rival in delicacy that of incineration by nitrate of potassa, or probably that of carbonization by sulphuric acid, although loss is sustained in both these latter operations.

M. Reinsch asserts, that the method by copper will detect the millionth of 0.050, equal to the 20,000th of 0.001 of arsenious acid. Many experiments made, in which different quantities of arsenious acid had been added to urine, soup, water, &c. enabled me to perceive very distinctly, on the copper, the *iron gray* color, and to obtain afterwards, in a tube, appreciable quantities of arsenious acid, but only when about six-twentieths of 0.001 of the acid was added to the liquid; or the great diversity of six-twentieths, instead of the twenty-thousandth of a milligramme.

I may add, that the method of M. Reinsch, has the serious inconvenience of introducing a salt of copper into the liquid operated on. To confirm this, it is only necessary to evaporate to dryness the liquor treated by copper and hydrochloric acid; calcine the residue, and dissolve in nitric acid, and a considerable amount of distilled water. A solution will be obtained, which will readily demonstrate the presence of copper, by means of ammonia, clean iron, and ferrocyanide of potassium.—*Am. Journ. Pharm., from Journ. de Chim. Med.*

THEORY OF HERMAPHRODITISM.

Dr. Knox considers that as in vertibrate animals the organs of both bronchial and pulmonary respiration are found uniformly to co-exist at an early period, either kind becoming subsequently developed at the expense of the other, so as to the generative organs the type is originally double, the organs of both sexes co-existing in the early stages of development, but one set alone in general developing afterwards at the expense of the antagonist set.

THE ALLEGED INFECUNDITY OF FEMALES BORN CO-TWINS WITH MALES.

Dr. Simpson, in a very interesting paper on this subject, concludes—

"1. That, in the human subject females born co-twins with males, are, when married, as likely to have children as any other females belonging to the general community.

"2. That, when they are married and become mothers, they are, in respect to the number of their children, as productive as other females.

"3. That the same law of the fecundity of the female in opposite sexed twins seems to hold good among all our uniparous domestic animals, with the *exception* of the cow alone."—*Ed. Med. and Surg. Journ.*

SPINA BIFIDA.

At a meeting of the Surgical Society of Ireland, Dr. Mitchell exhibited a specimen of this malformation, and stated that "the person who gave birth to it had been first seen by one of the pupils of the South-Eastern Lying-in Hospital, and when he first saw the fœtus he took it for a case of spina bifida anterior, from the strong resemblance which it bore to Cruveilhier's specimen of that affection. It proved, however, to be an extraordinarily large specimen of spina bifida posterior, situated in a very unusual place, inasmuch as that it extended from the third cervical to the fifth dorsal vertebra, the spinous process of all the intermediate vertebræ being deficient. The bones of the head had been also arrested in their development, and their positions much altered—the petrous portion of the temporal bone occupying the situation of the occipital. The brain was enclosed in a cyst, having a division down the centre, and communicating with a sac that covered the spine. The thoracic viscera were all natural, with the exception of the heart, which was of a disproportionate size. The abdominal viscera were quite normal; and one of the most striking facts in connexion with the mon-

ster was, that the platysma myoides was developed to a most extraordinary degree. The creature lived for about twenty minutes, and from the circumstance of the eyes being very prominent—he might say protruding—and there being a remarkable projection of the upper jaw, leaving the sacs of the teeth fully exposed, it presented a most hideous aspect—so much so, that it considerably frightened the nurse in attendance. It was not his intention to enter on the question of the formation of such monsters, or in what way the mind of the patient could act upon the fœtus in utero under powerful impressions. He would merely observe, that the woman attributed the cause of her having that malformation to the fact of a cat having been thrown on her back when about two months pregnant."

In the discussion which followed on the influence of external circumstances on the fœtus in utero, Dr. Houston, related "the case of the lady of a dispensary surgeon who was still living. Her husband had been engaged one day in an operation on a man who had received an injury on one of his hands by which either two or three of his fingers had been chopped off. While in the act of dressing the man's hand, his lady happened to have some message to deliver to him, and looked into the room, when she saw the bloody hand with the fingers wanting. She was at the time in an early stage of pregnancy, and when delivered, her child was born with the corresponding fingers missing, which the individual referred to had lost. The lady had had children previously who were all regularly formed; but every child she has since had has been born with the same defect. The case made a strong impression on the mind, that mental affections of the mother, while *enciente*, produced an effect on the fœtus in the womb."—*Dub. Med. Press*, Dec. 27.

MR. JEAFFRESON'S OPERATION FOR OVARIAN DROPSY.

To the Editor of the London Lancet.

Sir,—Dr. Clay, of Manchester, having politely sent me a report of his seventh successful *major operation* for extripation of diseased ovary, without noticing my remarks, written privately to him soon after his first cases were printed, I beg, as the *originator* of the *minor operation*, for space in your Journal to enable me to state fairly, to the profession, the question at issue between us: namely, whether it be better to lay open the cavity of the abdomen, from the ensiform cartilage to the pubis, under the *apprehension* that adhesion *may* exist between the diseased structures and surrounding parts; or first, to perform the minor incision, and, should that be found insufficient, to enlarge the wound to the requisite extent?

As Dr. Clay acknowledges the impossibility of judging previously to incision, whether or not adhesions exist, I shall conclude by stating that in my first successful operation, published in the "Transactions" of the Provincial Medical Association, the disease had continued, during several years, without forming adhesions. This woman continues in good health, having since been pregnant four times, and given birth to four healthful children. I have since witnessed another successful *minor* operation for the cure of ovarian dropsy, which had progressed more than twenty years, during which period tapping had been thrice repeated. In that case, also, there was no adhesions. The lady has since enjoyed, during several years, and still enjoys, good health. I am, Sir, yours respectfully,

WM JEAFFRESON.

Framlingham, Nov. 6, 1843.

RAPID RE-UNION OF PARTS.

Dr. Centofanti, of Pisa, vouches for the truth of the following occurrence, in a Florentine medical journal:—A girl, fifteen years old, had two of her fingers suddenly chopped off, through the first phalanx, and without waiting to "pick up the pieces," she ran to seek surgical assistance. The surgeon caused immediate search to be made for the lost members, and was not a little surprised when they were presented to him doubly divided—that is, they had each been chopped into two pieces, the hand having, doubtless, been closed at the time of the accident. Notwithstanding this, the parts were replaced in their natural situation and closely invested with a bandage. In a few days adhesive inflammation was found to have clearly progressed; healing, in fact, proceeded rapidly, and in the course of the next year it was stated that the fingers had *regained their original mobility!—Lon. Lancet, from Omodei's Annali. Univ. di Med.*

TREATMENT OF RHEUMATISM.

Two different remedies are highly praised, at the present moment, by some of the French physicians, in the treatment of this very common disease. These are, the sulphate of quinine and the nitrate of potash. M. Briquet, and a host of followers, descant, in terms of no measured commendation, on the virtues of quinine; while M. Martin Solon is no less energetic in his laudations of his favourite. Neither of these gentlemen seems to be at all imbued with homœopathic principles, as far at least as regards the doses which they administer; for the one is in the habit of giving from 15 to 20 grains of quinine, and the other from half an ounce to an ounce and a half of the nitrate, at a time. We need scarcely say that we utterly disapprove of the indiscriminate practice of both.

Our chief motive for alluding to this subject at present, is to introduce the following sensible remarks by a writer in the Gazette Medicale, in reference to Dr. Solon's Memoir. "No one has ever questioned the perfect accuracy of the assertions made by this gentleman. As far as we can judge, we should say that the nitrate of potash, administered in large doses, is not only inoffensive, but is often very useful. There is, however, in all the statements and reports that have been made on the subject, an important blank, which we should have wished to have seen filled up. Be it remembered, that not a few cases of rheumatism have a natural tendency to relieve themselves by perspiration, if the fever do not run high, and the pains are not very severe; whereas, the disease is apt to be obstinate and unyielding, when the symptoms are otherwise. It certainly does seem to us that many of the cases related by Dr. Solon, might have got well if nothing had been given except simple warm drinks.

"This remark applies with equal force to every other remedy that has, at different times, been recommended for the cure of rheumatism, as well as to the nitrate of potash. It requires, therefore, much more discrimination than is usually imagined, to determine with accuracy the genuine therapeutic effects of medicines."

Perfectly true. The credit, that properly belongs to the *vis medicatrix naturæ*, is not unfrequently awarded to the medicines that are administered.—*Lon. Medico-Chirurgical Review.*